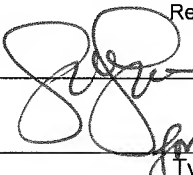


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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                       | Docket Number (Optional)<br>1261-0156PUS1                                      |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
|---|-----------------------|--|-----------|------------|-------------------------|--|--|-------|------|----------|--|-------|-------|-----------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number<br>10/516,743-Conf. #6909  | Filed<br>May 26, 2005 |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| For NOVEL COMPOUND HAVING ANTITUMOR ACTIVITY AND PROCESS FOR PRODUCING THE SAME   |                       |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit<br>1626  | Examiner<br>K. Cheng  |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                       |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                       |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;"></th><th style="width: 20%; text-align: center;"><u>Fee</u></th><th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th><th style="width: 20%;"></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$120</td><td style="text-align: right;">\$60</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$450</td><td style="text-align: right;">\$225</td><td>\$ 450.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$1020</td><td style="text-align: right;">\$510</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$1590</td><td style="text-align: right;">\$795</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$2160</td><td style="text-align: right;">\$1080</td><td>\$ _____</td></tr></tbody></table> |                       |  |           | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ 450.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|   | <u>Fee</u>            | <u>Small Entity Fee</u>  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120                 | \$60   | \$ _____  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450                 | \$225  | \$ 450.00 |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020                | \$510  | \$ _____  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590                | \$795  | \$ _____  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160                | \$1080   | \$ _____  |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                       |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                       |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                       |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                       |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .   |                       |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,623</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                       |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <br>_____<br>Signature<br>Mark J. Nuell<br>Typed or printed name   |                       | April 24, 2007<br>_____<br>Date<br>(703) 205-8043<br>_____<br>Telephone Number |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                       |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                       |  |           |            |                         |  |  |       |      |          |  |       |       |           |   |        |       |          |  |        |       |          |  |        |        |          |